

# Self-Care Scales - Care ability

Q11. I am <b>able</b> to: (circle one answer for each line)	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
a) keep my blood sugar in good control.	1	2	3	4	5
b) keep my weight under control.	1	2	3	4	5
c) do the things I need to do for my diabetes (diet, medicine, exercise, etc.).	1	2	3	4	5
d) handle my feelings (fear, worry, anger) about my diabetes.	1	2	3	4	5

## Impairment of Care

Q12. I think it is <b>important</b> for me to: (circle one answer for each line)	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
a) keep my blood sugar in good control.	1	2	3	4	5
b) keep my weight under control.	1	2	3	4	5
c) do the things I need to do for my diabetes (diet, medicine, exercise, etc.).	1	2	3	4	5
d) handle my feelings (fear, worry, anger) about my diabetes.	1	2	3	4	5

# Self-Care Adherence

	Never		Sometimes		Always	Don't Know
Q13. I keep my blood sugar in good control.	1	2	3	4	5	Don't Know

	Never		Sometimes		Always	Don't Know
Q14. I keep my weight under control.	1	2	3	4	5	Don't Know
Q15. I do the things I need to do for my diabetes (diet, medicine, exercise, etc.).	1	2	3	4	5	Don't Know
Q16. I feel dissatisfied with life because of my diabetes.	1	2	3	4	5	Don't Know
Q17. I handle the feelings (fear, worry, anger) about my diabetes fairly well.	1	2	3	4	5	Don't Know

### Section IX - Diet Adherence Scale

Q1. Has any health care provider or nurse told you to follow a meal plan or diet? ☐<sub>1</sub> No ☐<sub>2</sub> Yes ☐<sub>3</sub> Not sure

	Never	2	Sometimes	4	Always
Q2. How often do you follow a meal plan or diet?	1	2	3	4	5

Q3. Have you been told to follow a schedule for your meals and snacks? ☐<sub>1</sub> No ☐<sub>2</sub> Yes

Q4. Have you been told to weigh or measure your food? ☐<sub>1</sub> No ☐<sub>2</sub> Yes

Q5. Have you been told to use exchange lists or food group lists to plan your meals? ☐<sub>1</sub> No ☐<sub>2</sub> Yes

		Never	Sometimes			Always
Q6.	How often do you follow the schedule for your meals and snacks?	1	2	3	4	5
Q7.	How often do you weigh or measure your food?	1	2	3	4	5
Q8.	How often do you (or the person who cooks your food) use the exchange lists or food group lists to plan your meals?	1	2	3	4	5

## Section XI - Exercise Barriers Scale

For the following questions, please circle the appropriate response.  
(circle one answer for each line)

Q1.	How often do you have trouble getting enough exercise because:	Rarely		Sometimes		Often
	a) it takes too much effort?	1	2	3	4	5
	b) you don't believe it is useful?	1	2	3	4	5
	c) you don't like to do it?	1	2	3	4	5
	d) you have a health problem?	1	2	3	4	5
	e) it makes your diabetes more difficult to control?	1	2	3	4	5

## Section XII - Monitoring Barriers and Understanding Management Practice Scales

Q1. How many days a week have you been told to test:

- a) urine sugar? \_\_\_\_\_ (days per week) ☐ , Not told to test
- b) blood sugar? \_\_\_\_\_ (days per week) ☐ , Not told to test

If you **do not** test for sugar, skip Question No. 2.

For the following questions, please circle the appropriate response.  
(circle one answer for each line)

Q2. When you <b>don't</b> test for sugar as often as you have been told, how often is it because:	Rarely		Sometimes		Often
a) you forgot?	1	2	3	4	5
b) you don't believe it is useful?	1	2	3	4	5
c) the time or place wasn't right?	1	2	3	4	5
d) you don't like to do it?	1	2	3	4	5
e) you ran out of test materials?	1	2	3	4	5
f) it costs too much?	1	2	3	4	5
g) it's too much trouble?	1	2	3	4	5
h) it's hard to read the test results?	1	2	3	4	5
i) you can't do it by yourself?	1	2	3	4	5
j) your levels don't change very often?	1	2	3	4	5
k) it hurts to prick your finger?	1	2	3	4	5

Q3. Have you ever received diabetes education? ☐<sub>1</sub> No ☐<sub>2</sub> Yes

**If No**, skip Question No. 4

For the following questions, please circle the appropriate response.  
(circle one answer for each line)

Q4. How do you rate your understanding of:					
	Poor		Good		Excellent
a) diet and blood sugar control	1	2	3	4	5
b) weight management	1	2	3	4	5
c) exercise	1	2	3	4	5
d) use of insulin/pills	1	2	3	4	5
e) sugar testing	1	2	3	4	5
f) foot care	1	2	3	4	5
g) complications of diabetes	1	2	3	4	5
h) eye care	1	2	3	4	5
i) combining diabetes medication with other medications	1	2	3	4	5
j) alcohol use and diabetes	1	2	3	4	5